

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>dw</i>	<i>108904</i>	<i>9/21/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A.S</i>	<i>373</i>	<i>10-22-00</i>
RESPONSE FORMALITY REVIEW			

**Best Available Copy**

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	<i>1-51-04</i>
1	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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